STATE OF CAL	***	Δ Ι Λ 7	raveler ID ι	See in	striction.	and Priv	acy State	ement on R	ever	se Side	Bł		O YES	O No
TRAVEL EXPENSE CLAN STD. 262 (REV. 10/92)		/ \	210				STAFF					age	of	Pages
			Fiscal Year 2008TEC1671 2008-2009				SSN OR EMPLOYEE NUMBER*					RTMENT R		
Executive Director			CB/ID NO.: EXEMPT			Ca	CaliforniaVolunteers						PCA # 31101	
RESIDENCE ADDI	RESS*					111	0 K Stre	et Suite 2	210				916-32	3-7646
сіту Sacramento			STATE CA	ZIP CODE 95864		CITY Sac	Sacramento					CA	21P COD 95814	
(1) MONTH/YEAR (3)			(4)	(5) MEALS			(6) (7)			NSPORTA			(8)	(9)
Apr 2009 DATE TIME	WHERE EXPENSES WERE INCURRED		LODGING	BREAK- FAST	LUNCH	O.T.,L/T, N/C, RELO. OR DINNER	INCIDENT- TALS	(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING		(D) TE CAR USE AMOUNT	BUSINESS EXPENSE	TOTAL EXPENSE FOR DAY
DATE TIME							_					\$0.00		\$0.0
4/17 0430 1 1230	Sac/Monterey/S	Sac		\$4.35							18	\$9.90		\$14.2
1						·						\$0.00		\$0.0
			·									\$0.00		\$0.0
												\$0.00		\$0.0
												\$0.00		\$0.0
												\$0.00		\$0.0
								E	1			\$0.00		\$0.0
					11/51				 -			\$0.00		\$0.0
					ШЦ	APR 2	9 200		_			\$0.00		\$0.0
					OFFIC AL	OF PLANI MINISTRAT	ING & RE	SEARCH	_		_	\$0.00		\$0.
							- L OLIVI	UL)	1			\$0.00		\$0.0
10)	<u> </u>													
	TOTALS		1	\$4.35							?	9.9		\$14.
<u></u>	Deun Code (ACC	KG WSER	NEL:T.)		·	· · · · · · · · · · · · · · · · · · ·	***************************************			CLAIM	TOTA	L \$	(\$14.25
11) PURPOSE OF	TRIP, REMARKS AND DE	TAILS (Attach	receipts/vouchers	s when requir	ed)	· · · · · · · · · · · · · · · · · · ·					(12)	NORMAL WA	UBK HUI IBG	
Spoke at Community College's Annual Workforce Conference in Monterey										(13) PRIVATE VEHICLE LICENSE NUMBER 4ybd289				
											(14) MILEAGE F	ATE CLAIMEI)
												ŲŞ	DOUNTINE E ONLY	
			···								PAID	BY REVOLVI	NG FUND CHI \$C	ECK NUME 1.55
	FY That the above is a true s hicle was used, and if mileac have met the requirements										f þ			
15) CLAIMANT'S		as presumed t	, or an occupits	DATE	17.11		. ,	F OFFICER AP			LAND F	PAYMENT	DATE 1	7 · NA
ZV SDECIAL EXE	ENSE AUTHORIZATION - S	SIGNATURE 2	nd TITLE (See II	em 17 on rev	erse)	1 4		1001		////	\sim		DATE	, 0]